

West Idaho Orthopedics & Sports Medicine

PATIENT FINANCIAL POLICY (please read carefully)

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Welcome to our practice! We know that there are many choices out there and we would like to thank you for choosing West Idaho Orthopedics & Sports Medicine. We look forward to providing you with the highest level of individual specialized orthopedic care. Please find below the details of our financial policy. If you have any questions regarding this policy, our billing department is available to address these questions with you. We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care.

- Your health insurance policy is a contract between you and your insurance company. It is important for you to know and understand the specifics of your insurance coverage and benefits. Please contact your insurance company about questions regarding your coverage.
- We have contracted with some health care plans to accept an assignment of benefits. We will submit a claim to those plans for which we have a contractual agreement, which means we will require you to pay the authorized co-payment and/or deductible and co-insurance at the time of service. We will collect these co-payments, deductibles, and co-insurances as soon as you arrive for your appointment. We accept checks, money orders, all major credit cards, debit cards, or cash.
- If you have an insurance plan for which we are not contracting providers, we will submit the claim to your insurance carrier on your behalf. In this instance, you will be financially responsible for any services deemed non-covered by your health plan. We must emphasize that as Medical Care Providers, our relationship is with you, not the insurance companies, and insurance companies may calculate their reimbursement rates in a manner that may not fully cover your charges. It is important that you understand your health insurance policy and the coverage it provides.
- Please bring a current copy of your insurance card and current referral, if required by your insurance to ALL of your appointments. If proof of insurance is not provided, you will be expected to make payment in full, at the time of service.
 - **Medicaid/Health Connections** patients are required to bring a current copy of their card, or if application is in progress, documentation from Medicaid that this will be a covered service.
 - **Healthy Connections** patients will also need to bring their Healthy Connections referral or make arrangements to have it sent/faxed to our office from the Primary Care Physician *prior* to their visit.
- **Please advise us of any change in address, phone number, or insurance that may occur.**

For the following items, please indicate that you understand by printing your initials:

_____ In order to provide the best possible service and appointment availability to all of our patients, please call as soon as possible if you know you will need to reschedule your appointment.

_____ Not all health plans are the same, nor do they all cover the same services and supplies. In the event that your health plan determines a service or supply to be a "non-covered service," you will be responsible for the complete charge for that particular service or supply. Payment is due upon receipt of a statement from our billing office. If you need to make arrangements for a payment plan, please contact our billing department (208-459-4511).

_____ There will be a \$20.00 charge for returned checks.

_____ **Ownership Disclosure:** As a patient of West Idaho Orthopedics & Sports Medicine, your physician may order tests, images, and/or schedule procedures to be performed at local hospitals and/or imaging facilities. These include (but are not limited to) MRIs, x-rays, CT scans, laboratory tests, and surgical procedures.

Dr. George A. Nicola and Dr. Michael T. Daines have ownership interest in Treasure Valley Hospital and all of the physicians have ownership interest in Sage Diagnostic Imaging, locations where you may receive these services. Our providers have privileges at St. Luke's Meridian, St. Alphonsus Nampa, Treasure Valley Boise, and West Valley Medical Center. You have the right to have your services performed at any facility of your choosing.

This form is to confirm that you have been informed of West Idaho Orthopedics & Sports Medicine's ownership interest and to inform you of your right to choose the facility where you would like to receive your services.

_____ **Acknowledgement:** I acknowledge that I have reviewed the Notice of Privacy Practices on our website at www.westidahoorthopedics.com. If a paper copy of the Notice of Privacy Practices is preferred, I will request a copy from the receptionist at the time of my appointment and review it before I sign below.

I have read and understand this financial policy and agree to be bound by its terms. I also understand that such terms may be amended from time to time to West Idaho Orthopedics & Sports Medicine.

Signature of Patient/Parent/Guardian

Date

Print

Name of patient